

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10896

Registration District No. 300

Primary Registration District No. 5417

State File No. \_\_\_\_\_

Registrar's No. 6

1. PLACE OF DEATH: Franklin

- (a) County \_\_\_\_\_  
(b) City, or town Rural, Lyon Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location) 2

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mary E. Kamgierser 502

8. (b) If veteran, \_\_\_\_\_ 8. (c) Social Security \_\_\_\_\_  
name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, \_\_\_\_\_  
divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years

7. Birth date of deceased May 5 1870  
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 13 If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min.

9. Birthplace Quincy Ill. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name William Meisen

13. Birthplace Germany \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard Kamgierser

- (b) Address 2005 N. Auburne, Neb.

17. (a) Burial (b) Date thereof March 7 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Holy Family Cemetery

18. (a) Signature of funeral director C. H. Lawrence

- (b) Address Beaumont, Mo.

19. (a) 3-8-40 (b) J. H. Matthews  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Franklin

- (c) City or town Rural Lyon Twp  
(If outside city or town limits, write "RURAL")

- (d) Street No. R.F.D. #1 Leslie Ave  
(If rural, give location)

- (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7  
year 1940 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from March  
1, 1940, to March 7, 1940  
that I last saw him alive on 3-6, 1940  
and that death occurred on the date and hour stated above.

- Immediate cause of death Pneumonia 7 days  
Duration

- Due to \_\_\_\_\_

- Due to \_\_\_\_\_

- Other conditions Hyperthermia  
(Include pregnancy within months of death)

- Major findings: Chronic Myocarditis

- Of operations \_\_\_\_\_

- Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_

- (b) Date of occurrence \_\_\_\_\_

- (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? 271

- While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Charles L. Smith (M. D. or other) PM

- \*Address Rural Mo Date signed 3-8-40

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*E. H. Tenner*

Licensed Embalmer No.

*3076*

P. O. Address

*Beaufort Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**